

Blood/Body Fluid Exposure & Testing Summary

Employee Name: _____ SS#: _____

Completed Hepatitis B vaccine? Yes ☐ No ☐ Result of previous Anti-HBs Pos ☐ Neg ☐ N/A ☐

Exposure History: (complete, circle or check applicable items throughout)

Date and Time of Exposure: _____

Wound Care/First Aid Administered: _____

Type of Exposure:

- A. Sharp: needle ☐ lancet ☐ broken glass ☐ other ☐ (describe): _____
 Clean (sterile) ☐ Contaminated with blood/body fluids ☐
 Visible blood on sharp? Yes ☐ No ☐ Used for vascular access? Yes ☐ No ☐
 Deep injury? Yes ☐ No ☐ Blood injected into INDIVIDUAL? Yes ☐ No ☐
- B. Mucous Membrane: eye ☐ mouth ☐ nose ☐
- C. Body Fluid: blood ☐ vaginal secretions ☐ sputum ☐ vomitus ☐ urine ☐ wound drainage ☐
 other ☐ _____
- D. Human Bite (describe): _____
- E. Open Wound Contamination (describe): _____
- F. Other (describe): _____

Source Person:

Name: _____ SS#: _____

Clinical diagnosis and blood borne pathogen risk factors: _____

Circle if person is known to have: HIV-AIDS _____ Hepatitis B _____ Hepatitis C _____

Date of source person testing at time of exposure incident: _____ HIV test: pos ___ neg ___

HBsAg: pos ___ neg ___ HCV Antibody: pos ___ neg ___

Individual Counseling:

- Y N
- ☐ ☐ risk of acquiring blood borne pathogen from occupational exposure
- ☐ ☐ report and seek medical evaluation for any acute flu-like illness
- ☐ ☐ information and assistance re: HIV Post- Exposure Prophylaxis (PEP) Protocol
- ☐ ☐ potential for baseline and follow-up serologic testing (see next page)
- ☐ ☐ observe "safer sex" practices for six months following exposure from high-risk source
- ☐ ☐ identify and correct work practices, engineering/equipment controls, or PPE problems to avoid recurrence

Is individual starting HIV PEP medications? Yes ☐ No ☐

Individual Signature: _____ Date: _____

Employee Health Nurse/Designee Signature: _____ Date: _____

SCDDSN Blood/Body Fluid Post-Exposure Testing Schedule:

Baseline and follow-up testing of exposed INDIVIDUAL, as outlined below, is indicated **ONLY** if the source patient:

a) tests positive for any of the following blood borne pathogens **or** b) serostatus is unknown **or** c) identity is unknown

The Employee Health Nurse (EHN) should omit INDIVIDUAL testing for a specific pathogen if the source person tests negative or is known to be negative for that specific pathogen (i.e. negative HBsAg for HBV) at the time of exposure or within the previous month (unless the person has a history of recent high risk behaviors and may be in the window period for HIV or HCV [1-6 months], in which case medical consultation is necessary). INDIVIDUAL testing for syphilis (RPR) at baseline and 6 week follow-up is done **ONLY** if source person is documented to have untreated primary or secondary syphilis at the time of the INDIVIDUAL exposure, and the INDIVIDUAL receives syphilis post-exposure prophylaxis (i.e., 2.4 million units L.A. Bicillin).

| When indicated, test INDIVIDUAL for : Schedule: (document date drawn) | HIV: (also see Appendix E, Post Exposure Prophylaxis Protocol for additional test for INDIVIDUALs on HIV PEP; obtain medical consult | Hepatitis C Virus(HCV) | Hepatitis B Virus (HBV) (baseline & follow-up testing <u>unnecessary</u> if INDIVIDUAL has documented +Anti-HBs |
|---|--|--|--|
| Baseline* Date: _____ Result: _____ | HIV Antibody pos _____ neg _____ | HCV antibody pos _____ neg _____ ALT= _____ normal M: 0-40, F: 0-31 | HBsAg & HBsAb (only if INDIVIDUAL is a known "non responder" to Hepatitis B vaccine or if response is unknown)• pos _____ neg _____ |
| 6 weeks:* Date: _____ Result: _____ | HIV Antibody pos _____ neg _____ | | HBsAg pos _____ neg _____ |
| 12 weeks:* Date: _____ Result: _____ | HIV Antibody pos _____ neg _____ | | HBsAg pos _____ neg _____ |
| 6 months:* Date: _____ Result: _____ | HIV Antibody pos _____ neg _____ | HCV Antibody pos _____ neg _____ Alt _____ | HbsAg Date: _____ pos _____ neg _____ |
| 12 months:* Date: _____ Result: _____ | HIV Antibody pos _____ neg _____ | HCV Antibody pos _____ neg _____ Alt _____ | No Test |

* Employee Health Nurse may perform additional tests periodically (i.e., HIV at 18 weeks and/or 9 months) if indicated for medical management or if recommended by medical consultant (i.e., if INDIVIDUAL is symptomatic or for reassurance if INDIVIDUAL is anxious)

- If source patient documented to have a +HBsAg, AND IF INDIVIDUAL has never had Hepatitis B vaccine series, give one dose of HBIG and begin the Hepatitis B vaccine series. If the INDIVIDUAL is a known non-responder (i.e. has had negative anti-HBs after complete Hepatitis B vaccination series, even with up to 3 boosters) then give INDIVIDUAL two doses of HBIG one month apart. If the INDIVIDUAL received only 3 vaccinations previously and has no documented Anti-HBs, give HBIG once, plus initiate revaccination series. See CDC, MMWR, Vol.46, No.RR-18, 12-26-97, p.23. Retest HBsAg as above and Anti-HBs 1-2 months after completion of series.

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- **Obtain medical consultation immediately if any test is reported positive/abnormal.**

• Continuation Notes: _____

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